

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 039400002		CITY OR TOWN	FITCHBURG
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SHIRL L. VALEN	TIN		
DOING BUSINESS	A ROCK BOTTOM	I CAFE		
ADDRESS 0004-6 1	BEECH STREET			
CITY/TOWN: FIT	CHBURG	STATE: MA	ZIP CODE:	01420
	LENTIN, TYI CRL L.	PE OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS	
	LICENSED PREMIS			
	FREET FLOOR WIT		CES AND EXITS	
•	swear under penalties			v liganoods
	wed license will be of see has complied with	* *	•	
	ises are now open for		ě	to taxes, and
	1		·	
SIGNED BY				
	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the he	ad of the fire depart	red by Chapter 304 of the ement for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039400004	•	CITY OR TOWN	FITCHBUE	RG
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: RED STAR CAFE	, INC.			
DOING BUSINESS A				
ADDRESS 079-81 BEMIS ROAD				
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: TUSIA, DANA J. TYF	PE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS 2 ROOMS ON STREET FLOOR; CELLA I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY	AR FOR STORAGE; of perjury that: the same type for the same laws of the Commo	TWO ENTRANCE ame premises now onwealth relating to n below)	licensed;	ΓS
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER	R: 039400005		CITY OR TOWN FITCHBU	RG
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 36 BIRC	A	L CLUB, INC.		
CITY/TOWN: FITO	CHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER: BUR F. JR	KE, WILLIAM TYF	PE OF LICENSE: Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
L	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
ALL ROOMS OF A	ONE STORY BLDO	G; ONE ROOM ON	STREET FLOOR AND BASEM	IENT
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	same premises now licensed;	
2. the license	ee has complied with	all laws of the Com	monwealth relating to taxes; and	
3. the premi	ses are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signed	d by the building ins	spector and the head	e certificate required by Chap d of the fire department for the arance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	nin)			
DATE:			-	
ADDITION FOR DENEM	VAL MIIST RE EII ED RV L	CENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$	164)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039400008		CITY OR TOWN	FITCHBUR	RG
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: CLEGHORN PO	ST # 429, AMERICAN			
DOING BUSINESS A LEGION, DEPT	C. OF MA., INC.			
ADDRESS 200 DANIELS				
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: WALKER, JACK TY	PE OF LICENSE: Vet	erans club CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM IN ALL CLUBROOMS OF A TWO ST I hereby certify and swear under penaltic 1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open for SIGNED BY	ORY BLDG es of perjury that: f the same type for the ends of the Comment	same premises now conwealth relating to in below)		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire departm	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER: 03	39400009		CITY OR TOWN	FITCHBURG
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: W	ILLIAM L. CON	LIN JR.		
DOING BUSINESS A	CONLIN'S CORN	ER		
ADDRESS 110 CLEGH	ORN STREET			
CITY/TOWN: FITCHI	3URG	STATE: MA	ZIP CODE:	01420
MANAGER: CONLIN WILLIA		E OF LICENSE: Resi	taurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LIC	ENSED PREMIS	ES:		
IN A STORE ON STRE WIDE BY 40 FT LONG RESTROOM.OUTSIDE CHAIRS TO BE USED	6 WITH 8 FT SER E AREA 45FT. LC	VICE BAR, 12X6 F	T STAGE, 2EXIT	S AND ONE
I hereby certify and swea	ar under penalties	of perjury that:		
1. the renewed l	icense will be of t	he same type for the	same premises nov	v licensed;
2. the licensee h	as complied with	all laws of the Comm	onwealth relating	to taxes; and
3. the premises	are now open for l	ousiness (If not expla	in below)	
SIGNED BY	ndividual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed by	the building ins	pector and the head	of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	SING AUTHORITY
(If disapproved explain)			-	<u> </u>
DATE:				



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	39400011		CITY OR TOWN	TITCIIDO	KU
APPLICATION FOR R	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: K	COF CHOME AS	SSOCIATION OF FI	TCHBURG, INC.		
DOING BUSINESS A					
ADDRESS 165 ELECT	TRIC AVE.				
CITY/TOWN: FITCH	BURG	STATE: MA	ZIP CODE:	01420	
MANAGER: LEBLA P.	NC, DAVID TYP	PE OF LICENSE: Ch	ıb C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIG					
FIVE ROOMS OF A SI AND 4 EXITS	INGLE STORY B	LDG; STREET FLC	OR FOR STORAC	SE, 2 ENTRA	NCES
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	same premises nov	v licensed;	
2. the licensee	has complied with	all laws of the Com	nonwealth relating	to taxes; and	
3. the premises	are now open for	business (If not expl	ain below)		
SIGNED BY					
Ι	Individual, Partner	or Authorized Corpo	orate Officer		
D.1895					
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
DATE: We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	attest that we are by the building ins	in possession (1) th	(Note: <u>NOT</u> Ir e certificate required of the fire depart	dividual Social S red by Chapt tment for the	er 304 of the above
We the undersigned, a Acts of 2004, signed b named license and (2)	attest that we are by the building ins	in possession (1) th	(Note: <u>NOT</u> Ir e certificate required of the fire depart	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below: APPROVED:	attest that we are by the building ins	in possession (1) th	(Note: <u>NOT</u> Ir e certificate requir d of the fire depar rance required by	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	attest that we are by the building ins the certificate of	in possession (1) th	(Note: <u>NOT</u> Ir e certificate required of the fire deparrance required by LOCAL LICEN	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below: APPROVED:	attest that we are by the building ins the certificate of	in possession (1) th	(Note: <u>NOT</u> Ir e certificate required of the fire deparrance required by LOCAL LICEN	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	attest that we are by the building ins the certificate of	in possession (1) th	(Note: <u>NOT</u> Ir e certificate required of the fire deparrance required by LOCAL LICEN	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts



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LICENSE NUMBER:	039400015		CITY OR TOWN FITCHB	URG
APPLICATION FOR 1	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 226 WEST	IL RICORDI			
CITY/TOWN: FITCH		STATE: MA	ZIP CODE: 01420	
MANAGER: Shamm		TYPE OF LICENSE:R		Y: Wine and Malt Regular
EMAIL ADDRESS:				
PL	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LI				
SINGLE FREE STAN AND EXIT, STOCKR			FT. FRONT AND REAR ENTR	ANCE
I hereby certify and sw	ear under pena	alties of perjury that:		
3. the premise SIGNED BY	s are now oper	n for business (If not exp	<u> </u>	
	,			
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Acts of 2004, signed l	by the buildin	g inspector and the he	he certificate required by Cha ad of the fire department for th surance required by Chapter 1	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENSING AUT By:	HORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039400017		CITY OR TOWN FITCHB	URG
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: LINDA MEE	CHAN		
DOING BUSINESS A IRON HOR	SE LOUNGE		
ADDRESS 19 AIRPORT RD			
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER: MEEHAN, LINDA		neral on CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR			
IN A BLDG. ON STREET LEVEL, EMERGENCY REAR EXIT, STOR SQ. FT. OF OUTSIDE PATIO ARE	RAGE IN REAR OF BLD	G WITH DELIVERY DOOR.	
I hereby certify and swear under per	nalties of perjury that:		
	• •	same premises now licensed;	
•		monwealth relating to taxes; an	d
3. the premises are now ope	en for business (If not expl	ain below)	
SIGNED BY Individual, P	artner or Authorized Corpo	orate Officer	
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Socia	al Security Number)
We the undersigned, attest that w Acts of 2004, signed by the buildinamed license and (2) the certification of 2010.	ng inspector and the hea	d of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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LICENSE NUMBER: 039400019		CITY OR TOWN FITCHBU	KU
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: G. R.W.JR. C	CIVIC CENTER & A.G.W.	PLANETARIUM, INC.	
DOING BUSINESS A Facility Mai	nagement Corporation		
ADDRESS 1000 JOHN FITCH HG	WY		
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER: CAZEAULT III, JOSEPH T.	TYPE OF LICENSE: Ger	neral on CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
GALAXY ROOM, PLANETARIUI ARENA AND OUTSIDE PATIO N		N AREA NEAR GAETZ AND	LANDRY
I hereby certify and swear under per	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	
2. the licensee has complied	d with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now ope	en for business (If not expla	nin below)	
SIGNED BY			
	artner or Authorized Corpo	rate Officer	
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that w Acts of 2004, signed by the buildi named license and (2) the certific of 2010.	ng inspector and the head	l of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE:			



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LICENSE NUMBER: 0	39400023		CITY OR TOWN	FITCHBUI	RG
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R	UGBY'S INCORI	PORATED			
DOING BUSINESS A	SLATTERY'S BA	ACK ROOM			
ADDRESS 106 LUNE	NBURG ST.				
CITY/TOWN: FITCH	BURG	STATE: MA	ZIP CODE:	01420	
MANAGER: CELUZ A	ZA, DAVID TYP	'E OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
THREE ROOMS ON S	TREET FLOOR,S	STOCK ROOM ON	STREET FLOOR		
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	e same premises now	licensed;	
2. the licensee l	has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premises	are now open for	business (If not expl	ain below)		
SIGNED BY	ndividual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	spector and the hea	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain))				
DATE:					
APPLICATION FOR RENEWAL	. MUST BE FILED BY LI	CENSEES DURING THE N	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 039)400024		C	CITY OR TOW	N FITCHBU	RG
APPLICATION FOR RE	NEWAL:	Annu	ıal	LIC	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: BE	LOIN CORPOR	ATION				
DOING BUSINESS A M	IAJORS					
ADDRESS 149 LUNENE	BURG ST.					
CITY/TOWN: FITCHB	URG	STATE:	MA	ZIP CODE:	: 01420	
MANAGER: REFFITT	, ELLEN TYP	E OF LICEN	SE:Resta	urant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WE	BSITE AND ENTER	R YOUR EMA	IL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMIS	ES:				
IN A STORE ON STREE	T FLOOR; CEL	LAR FOR ST	ΓORAGE			
I hereby certify and swear	under penalties	of perjury tha	ıt:			
1. the renewed lic		• •		-		
2. the licensee ha	s complied with	all laws of the	e Commo	nwealth relatir	ng to taxes; and	
3. the premises a	re now open for l	business (If n	ot explair	below)		
Ind	lividual, Partner TELEPHONI		d Corpora		YER IDENTIFICA	TION NUMBER:
				(Note: NOT	Individual Social	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building ins	pector and tl	he head o	of the fire dep	artment for the	e above
Please Check Below:				LOCAL LICE	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:				By:		
(If disapproved explain)						
(== sisuppio : ou enpluii)						
DATE:						
APPLICATION FOR RENEWAL M	UST BE FILED BY LI	CENSEES DURIN	G THE MON	TH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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		CITY OR TOWN FITCHBURG	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEA	AR.
LICENSEE NAME: HERBIE CO.			
DOING BUSINESS A BUMBLE'S PUB			
ADDRESS 341-34 3 MAIN STREET			
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER: CIUFFETTI, TYPE MICHAEL J.	E OF LICENSE: Ger pre	neral on CATEGORY: All mise	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
1ST FLOOR 343 MAIN STREET. MAIN CRESCENT ST.	ENTRANCE ON M	MAIN ST. 2ND ENTRANCE TO	
I hereby certify and swear under penalties o	of perjury that:		
1. the renewed license will be of th	e same type for the	same premises now licensed;	
2. the licensee has complied with a	ll laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open for be	usiness (If not expla	nin below)	
SIGNED BY			
Individual, Partner o	r Authorized Corpo	orate Officer	
D. 1885			
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION N	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION Note: NOT Individual Social Securit	
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	n possession (1) the ector and the head	(Note: <u>NOT</u> Individual Social Security e certificate required by Chapter 30 of the fire department for the above	y Number) 4 of the ve
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below:	n possession (1) the ector and the head	(Note: <u>NOT</u> Individual Social Security e certificate required by Chapter 30 of the fire department for the above	y Number) 44 of the ve he Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the ector and the head	(Note: <u>NOT</u> Individual Social Security experiments of the fire department for the above rance required by Chapter 116 of the	y Number) 44 of the ve he Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the ector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 30 I of the fire department for the above rance required by Chapter 116 of the LOCAL LICENSING AUTHORITY	y Number) 44 of the ve he Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the ector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 30 I of the fire department for the above rance required by Chapter 116 of the LOCAL LICENSING AUTHORITY	y Number) 44 of the ve he Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the ector and the head	(Note: NOT Individual Social Security e certificate required by Chapter 30 I of the fire department for the above rance required by Chapter 116 of the LOCAL LICENSING AUTHORITY	y Number) 44 of the ve he Acts



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LICENSE NU	MBER: 039400028	•	TIY OR TOWN FITCHBU	KU
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: SOUTH END NA	ATIONAL CLUB, INC.		
DOING BUSI	NESS A			
ADDRESS 13	MARKET STREET			
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER:	BRISSON, WAYNE TY	PE OF LICENSE: Club	CATEGORY	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
TWO ROOMS	S ON STREET FLOOR.	CELLAR FOR STORAG	GE	
I hereby certify	y and swear under penaltic	es of perjury that:		
1. the	renewed license will be o	f the same type for the same	ame premises now licensed;	
2. the	licensee has complied with	th all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now open for	or business (If not explain	n below)	
SIGNED BY	Individual, Partne	er or Authorized Corpora	ate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building is	nspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
	DENEWAL MIJOT DE EU ED DV	LICENSEES DUDING THE MO	NTH OF NOVEMBER (M.C.). Ch. 120 ft	164)
APPLICATION FOR	KENEWAL MUST BE FILED BY	LICENSEES DUKING THE MOI	NTH OF NOVEMBER (M.G.L. Ch. 138 \$	10A)



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LICENSE NUMB	BER: 039400029		CITY OR TOWN	FTTCHBU	RG
APPLICATION F	FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINE	SS A	BURG SOCIAL CLUI	3, INC.		
	JCK MILL ROAD				
CITY/TOWN: F	TTCHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: PO		YPE OF LICENSE: C	ub C	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	OF LICENSED PREM				
		HREE ROOMS; KITO AR ROOM AT 47 DUO		OM AND LC	OUNGE,
I hereby certify an	nd swear under penalt	ies of perjury that:			
1. the ren	ewed license will be	of the same type for the	e same premises nov	v licensed;	
2. the lice	ensee has complied w	rith all laws of the Com	monwealth relating	to taxes; and	
3. the pre	emises are now open f	for business (If not exp	lain below)		
SIGNED BY	Individual, Partr	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, sig	ned by the building	are in possession (1) the inspector and the heat of liquor liability instantials.	nd of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED: DISAPPROVED: (If disapproved ex			By:		
(11 disappioved ex	τριαιιι)				
DATE:			-		



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LICENSE NUMBER:	039400030		CITY OR TOWN	FITCHBUI	RG
APPLICATION FOR 1	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	The Wine Cellar, LI	LC			
DOING BUSINESS A	The Wine Cellar				
ADDRESS 14 MILL S	STREET				
CITY/TOWN: FITCH	HBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: Boscar	din, Richard J TYP		eneral on C emise	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF LI					
1ST FLOOR ONE RO ENTRANCE AND ON			AND OUTSIDE SE	EATING ARE	EA, ONE
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of the	he same type for the	e same premises now	licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for b	business (If not exp	lain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned, Acts of 2004, signed a named license and (2 of 2010.	by the building insp	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:			-		
DAIE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039400031	C	ITY OR TOWN	FITCHBUF	RG
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: THE FAY CLUB, II	NC.			
DOING BUSINESS A				
ADDRESS 658 MAIN STREET				
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: McEachern, Janelle TYPI	E OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE ALL ROOMS IN A THREE STORY BLD I hereby certify and swear under penalties of 1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for be SIGNED BY	of, CELLAR FOR STO of perjury that: he same type for the sa all laws of the Commo	ORAGE AND LA me premises now nwealth relating to below)	licensed;	
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are is Acts of 2004, signed by the building insponanced license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	pector and the head o liquor liability insura	f the fire departr	nent for the Chapter 116	above of the Acts
DATE:				



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LICENSE NU.	MBER: 039400033	•	TIY OR TOWN FITCHBURG	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YE	AR
LICENSEE NA	AME: CAFE DESTAI	RE, LLC		
DOING BUSI	NESS A			
ADDRESS 32	0 MAIN STREET			
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER:	NILES, CHRISTOPHER	TYPE OF LICENSE: Resta	urant CATEGORY: A	ll Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
RESTAURAN BASEMENT I EXTERIROR	TT SEATING FOR 70, I FOR OFFICES AND S SEATING FOR SIXTE	BAR SEATING FOR 12, TORAGE, CONF. RM. AI EEN PEOPLE	FROOMS, FUNCTION RM., STORAGE SPACE AND OFFICE ND RESTROOMSTO INCLUD	
•	y and swear under penal			
		* *	ame premises now licensed;	
	_		onwealth relating to taxes; and	
3. the	premises are now open	for business (If not explai	1 below)	
SIGNED BY	Individual, Par	tner or Authorized Corpor	ate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur	
Acts of 2004,	signed by the building	g inspector and the head	certificate required by Chapter 3 of the fire department for the abo nnce required by Chapter 116 of	ove
Please Check Belo APPROVED: DISAPPROVI (If disapproved)	ED:		LOCAL LICENSING AUTHORI By:	TY



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LICENSE NUM	MBER: 039400035		CITY OR TOWN	FITCHBURG
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: Bottoms Up Bar, Inc NESS A K.C.'S PUB			
ADDRESS 109	98 MAIN ST.			
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE:	01420
	AUKSTIKALNIS, TYPE JAMES	OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR F	MAIL ADDRESS	
	N OF LICENSED PREMISE			
A BUILDING BUILDING	ON STREET LEVEL, ONE	ROOM, ONE EN	TRANCE, ONE EXI	T, STORAGE
I hereby certify	and swear under penalties o	f perjury that:		
1. the 1	renewed license will be of the	e same type for the	e same premises now	licensed;
2. the l	licensee has complied with a	ll laws of the Com	monwealth relating to	taxes; and
3. the 1	premises are now open for bu	usiness (If not exp!	ain below)	
SIGNED BY				
	Individual, Partner of	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Ind	ividual Social Security Number)
We the under	signed, attest that we are ir	n possession (1) th	e certificate require	ed by Chapter 304 of the
	signed by the building insp		_	
of 2010.	and (2) the certificate of li	quor nabinty inst	irance required by	Cnapter 116 of the Acts
Please Check Belo	XX/*		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	ING AUTHORITT
DISAPPROVE	ED:		Dy.	
(If disapproved	explain)			
			-	
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY LICE	ENSEES DURING THE M	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	39400036		CITY OR TO	WN FIICHBU	KU
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: U	PPER COMM	ION INC.			
DOING BUSINESS A	THE BOULD!	ER			
ADDRESS 880 MAIN	STREET				
CITY/TOWN: FITCH	BURG	STATE: MA	ZIP CODI	E: 01420	
MANAGER: BUJOLI	D, CHRIS T	ΓΥΡΕ OF LICENSE: R	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREM	MISES:			
IN A STORE ON STRE STOCK Seasonal outd tables					
I hereby certify and swe	ar under penal	ties of perjury that:			
1. the renewed	license will be	of the same type for the	he same premises	now licensed;	
2. the licensee l	has complied w	with all laws of the Cor	nmonwealth relat	ing to taxes; and	
3. the premises	are now open	for business (If not ex	plain below)		
SIGNED BY					
I	ndividual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	T Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building	inspector and the he	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain))				
D A TEL					
DATE:					



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LICENSE NUM	BER: 039400038		CITY OR TOWN	N FIICHBURG
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: 281 LUNENI	BURG LLC		
DOING BUSINE	ESS A SWAGGER			
ADDRESS 281 1	LUNENBURG ST			
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE:	01420
MANAGER: N	MAROUN, NICHOLAS	TYPE OF LICENSE: Ger	neral on mise	CATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	REMISES:		
AND BAR, BAS ENTRANCES	EMENT TO CON	BASEMENT LEVEL; STI TAIN 1 ROOM AND STC EVEL AND 3 EXITS, TW CASE	RAGE BLDG, H	AS 2
I hereby certify a	nd swear under per	nalties of perjury that:		
1. the re	newed license will	be of the same type for the	same premises no	w licensed;
2. the lic	censee has complied	d with all laws of the Comm	nonwealth relating	g to taxes; and
3. the pr	remises are now ope	en for business (If not expla	ain below)	
SIGNED BY	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: NOT)	Individual Social Security Number)
Acts of 2004, sig	gned by the buildi	ng inspector and the head	l of the fire depar	ired by Chapter 304 of the rtment for the above y Chapter 116 of the Acts
Please Check Below APPROVED: DISAPPROVED			LOCAL LICEN By:	NSING AUTHORITY
(If disapproved e	explain)			
			-	
DATE:				



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LICENSE NUMBER	: 039400039		CITY OR TOWN FITCHE	JRG
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	99 WEST, INC.			
DOING BUSINESS	A 99 RESTAURAN	NT/PUB		
ADDRESS 275 SUM	IMER ST			
CITY/TOWN: FITO	CHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER: SEEI PAUI		PE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
L]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMI	SES:		
REAR; AND SEASO	ONAL OUTSIDE D OAD, SAID AREA T	INING AREA IN SEC O BE ENCLOSED B	FRANCES, TWO EXITS, STO CTION OF FRONT PARKING BY 5 FOOT FENCE, WITH IS IN PLACE.	
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	same premises now licensed;	
	•		nonwealth relating to taxes; and	1
3. the premis	ses are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	by the building in	spector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				
•				



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LICENSE NUI	MBER: 039400040		CITY OR TOWN	FITCHBURG
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSIN	NESS A	COUNTRY CLUB, INC.		
	AK HILL ROAD	CTLATE MA	ZID CODE	01.420
	FITCHBURG	STATE: MA		01420
MANAGER:	FRANCISCO A. VENTURA	TYPE OF LICENSE: C	lub C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
AREA CONTA LAYOUT AEF COURSE FRO	AINING THE 18 HO RIAL PHOTOGRAPI	SE, PATIO, SNAKC BA OLES OF THE GOLF CO H, ATTACHED HERET E CART, AND FOR SEL	URSE SHOWN ON O, TO BE SOLD ON	THE COURSE THE GOLF
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for th	e same premises now	licensed;
2. the 1	licensee has complied	l with all laws of the Com	monwealth relating t	o taxes; and
3. the 1	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
D + 1775				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 039400041		CITY OR TOWN	FITCHBUR	.G
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
	CLEGHORN ATH		ION		
CITY/TOWN: FIT		STATE: MA	ZIP CODE:	01420	
	RTON, FRANK TYI			ATEGORY:	All Alcohol
EMAIL ADDRESS:					
IN ALL THE ROOM I hereby certify and a 1. the renew 2. the licens	LICENSED PREMISMS OF A TWO STOP swear under penalties wed license will be of see has complied with ises are now open for	SES: RY BLDG; FOUR Es of perjury that: the same type for the all laws of the Com	NTRANCES AND Its same premises now monwealth relating to	licensed;	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATI	
We the undersigne Acts of 2004, signe	TELEPHON ed, attest that we are d by the building in (2) the certificate of	in possession (1) the spector and the hea	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	dividual Social Se ed by Chapte ment for the a	r 304 of the
We the undersigne Acts of 2004, signe named license and	ed, attest that we are d by the building in: (2) the certificate of	in possession (1) the spector and the hea	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	dividual Social Se ed by Chapte ment for the a Chapter 116	r 304 of the above of the Acts



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LICENSE NUI	MBER: 039400042		CITY OR TOWN FITCH	HBURG
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: FITCHBURG ST	TATE UNIVERSITY		
DOING BUSI	NESS A FALCON HUB	5		
ADDRESS 144	4 PEARL STREET			
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE: 0142	0
MANAGER:	PARKINSON,HENRTY Y C. III	YPE OF LICENSE:R	Restaurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	IISES:		
ONE ROOM, S	STREET LEVEL, 4 ENT	TRANCES AND EXI	TS	
I hereby certify	and swear under penalti	es of perjury that:		
1. the	renewed license will be o	of the same type for the	ne same premises now license	d;
2. the	licensee has complied wi	th all laws of the Cor	mmonwealth relating to taxes;	and
3. the	premises are now open for	or business (If not exp	plain below)	
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Acts of 2004,	signed by the building i	inspector and the he	the certificate required by C ad of the fire department fo surance required by Chapte	r the above
Please Check Belo	ow:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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LICENSE NUI	MBER: 039400043		CITY OR TOWN	FITCHBURG	j
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		Y	EAR
DOING BUSIN	AME: DURGA, LLC NESS A COURTYARD 0 ROYAL PLAZA DRIV				
			am cont	04.400	
	FITCHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER:	SOBEL, HOWARD TY N.	YPE OF LICENSE: Inn	holder Ca	ATEGORY: A	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
ON FIRST FLOBALLROOM, SEATING FOIL LIQUOR STOFFLOOR ADJAWATER PARIPATRONS, BACONSISTING WITH SEATINTHROUGH TIBUILDING OF Increase of the seating of the seat	N OF LICENSED PREM OOR INSIDE MAIN HO HOTEL LOBBY, REST R 10 PATRONS AND LORAGE PER HOTEL PLACENT TO MAIN HOTEK TO INCLUDE SNACK AR AREA WITH SEATI OF 1430 SQ. FT. WITH NG FOR 45 PATRONS, HE HOTEL350 GUES N SAME PREMISES And swear under penaltic renewed license will be oblicensee has complied will premises are now open for the swear and swear sometimes of the swear same open for the swear same premises are now open for the swear same open for the swear sa	TEL AREAMEETIN AURANT WITH SEA OUNGE AREA WITH AN ON FILE WITH LICL AREAWATER PAKE BAR AND EATING NG FOR 50 PATRON IS SEATING FOR 35 PAMAIN ENTRANCE AT ROOMS ON OTHE LICE OF THE SAME THE S	TING FOR 120 PA OCCUPANCY OF CENSE COMMISS RK CONSISTING AREA WITH SEA' S AND OUTDOOR ATRONS, EXTERIOR ND EXIT TO WAT R FLOORSTRAI same premises now nonwealth relating to	TRONS, BAR Y 100 PERSONS 510NON FIR OF 35144 SQ. TING FOR 85 R PATIO OR COURTYA TER PARK IS DE CENTER	WITH S, ST FT.,
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION	
Acts of 2004,	rsigned, attest that we are signed by the building it e and (2) the certificate of	nspector and the head	l of the fire departi	ment for the ab	oove
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHOR	RITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	ı explaın)		·		

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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C	<u>ON PREMISES LICENSE I</u>	RENEWAL APPLICATION	
LICENSE NUMBER: 03940	0044	CITY OR TOWN FITCHBURG	
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2013	
	CLASS	S YEAR	
LICENSEE NAME: FITCH DOING BUSINESS A).E.,ELKS	
ADDRESS 860 ASHBY ST.		7TD CODE 01400	
CITY/TOWN: FITCHBUR			
MANAGER: VAUTOUR, ULYSSES E		E:Club CATEGORY: All Alco	ohol
EMAIL ADDRESS:			
FOR STOCK, BOILER ROO I hereby certify and swear un 1. the renewed licen 2. the licensee has co 3. the premises are residue. SIGNED BY	OCK BLDG. ROOM DIVID DM der penalties of perjury that: se will be of the same type fo		
	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMB (Note: NOT Individual Social Security Num 1) the certificate required by Chapter 304 of	mber)
Acts of 2004, signed by the	building inspector and the	head of the fire department for the above insurance required by Chapter 116 of the A	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	_
			_



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

	ON PREMI	ISES LICENSE REN	EWAL APPLICA	<u>IION</u>
LICENSE NUM	BER: 039400045		CITY OR TOWN	FITCHBURG
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: ROBERT H. CA	MPBELL		
DOING BUSINI	ESS A JR'S PUB			
ADDRESS 14 N	ORTH STREET			
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE:	01420
	CAMPBELL,ROBE T'	YPE OF LICENSE:Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	IISES:		
	I A BUILDING ON ST JTSIDE PATI0O 20 X		ROOM, TWO ENTI	RANCES, TWO
2. the lie	enewed license will be of censee has complied wi remises are now open for	th all laws of the Com	nonwealth relating t	
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, si	gned by the building i	nspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below	<u>r:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 039400046		CITY OR TOWN	FITCHBUI	RG
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 691 RIV	A HAMPTON FI	RAZDAS			TLAK
CITY/TOWN: FIT	CHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER:	T	YPE OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
I hereby certify and and the renew 2. the licens	FREET FLOOR; K swear under penalti yed license will be c see has complied wi	ITCHEN TWO EXITS	same premises now nonwealth relating to	licensed;	
SIGNED BY	Individual, Partn	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHC	ONE NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER:
Acts of 2004, signe	d by the building i	re in possession (1) the inspector and the head of liquor liability insu	l of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 039400047		CITY OR TOWN	FITCHBURG
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BRITISH AME	RICAN CLUB, INC		
DOING BUSINESS	A			
ADDRESS 1 SIMON	IDS ROAD			
CITY/TOWN: FITC	CHBURG	STATE: M	A ZIP CODE:	01420
MANAGER: ALLA	ARD, RENE T	YPE OF LICENSE:	Club C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		R WEBSITE AND ENTER YOU	TR EMAIL ADDRESS	
DESCRIPTION OF I				TD0014.6
			E ROOM AND CHECK SO STORAGE ROOM	AROOM; 3
I hereby certify and sv	wear under penalt	ties of perjury that:		
1. the renewe	ed license will be	of the same type for	the same premises now	licensed;
	•		ommonwealth relating to	o taxes; and
3. the premis	es are now open	for business (If not e	xplain below)	
GIGNED DV				
SIGNED BY	Individual, Part	ner or Authorized Co	orporate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004, signed	by the building	inspector and the h	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain				
(II disapproved expia	111)			
(II disapproved expla	111)			



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LICENSE NUMBER: 0394	00048		C	ITY OR TOWN	FITCHBU	RG
APPLICATION FOR REN	EWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: 970	SOUTH INCOR	RPORATED				
DOING BUSINESS A PA	RTNER'S PUB					
ADDRESS 970 SOUTH S	TREET					
CITY/TOWN: FITCHBU	RG	STATE:	MA	ZIP CODE:	01420	
MANAGER: KIRBY, W H JR	ALTER TYPI	E OF LICEN	SE: Resta	urant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEE	SITE AND ENTER	YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LICEN						
ON STREET FLOOR; DIN STORAGE. 5 ENTRANCE			EN; STO	CK ROOM; CEI	LAR FOR	
I hereby certify and swear u	ınder penalties o	of perjury tha	t:			
1. the renewed lice	ense will be of th	ne same type	for the sa	me premises now	licensed;	
2. the licensee has	complied with a	all laws of the	Commo	nwealth relating t	o taxes; and	
3. the premises are	_			_		
SIGNED BY						
Indi	vidual, Partner o	or Authorized	Corpora	te Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
				(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	ne building insp	ector and th	e head o	f the fire depart	ment for the	above
Please Check Below:				LOCAL LICENS	SING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	039400049		CITY OR TOV	VN FITCHBU	RG
APPLICATION FOR 1	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	BW-LEOMINST	ER,LLC			
DOING BUSINESS A	BUFFALO WIL	D WINGS GRTILL	& BAR		
ADDRESS 150 WHAI	LON STREET				
CITY/TOWN: FITCH	IBURG	STATE: MA	ZIP CODE	: 01420	
MANAGER: NERI,	SCOT TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREM	ISES:			
ONE FLOOR, ONE EX FIRST FLOOR 5000 S		BUILDING, ONE EX	XIT REAR OF BI	LDG, TOTAL S	PACE
I hereby certify and sw	ear under penaltie	es of perjury that:			
1. the renewed	l license will be o	f the same type for th	e same premises r	now licensed;	
2. the licensee	has complied wit	h all laws of the Con	nmonwealth relation	ng to taxes; and	
3. the premise	s are now open fo	r business (If not exp	lain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT Individual Social Sec		
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building in	nspector and the hea	nd of the fire dep	artment for the	e above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:]				
(If disapproved explain	ι)				
DATE					
DATE:					



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LICENSE NUI	MBER: 039400050		CITY OR TOWN	N FITCHBURG
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 183		Γ MUSEUM		
	FITCHBURG	STATE: M	A ZIP CODE:	01420
		~		
MANAGER:	TIMMS, PETER R. TY		General on premise	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W		R EMAIL ADDRESS	
	N OF LICENSED PREMI; M IS A THREE-BUILDIN			
STUDIO ENT: A PARKING I TWO FIRE EX BUILDING #3	S AT 25 MERRIAM PAR RANCE AND TWO FIRE LOT. THE MIDDLE BUIL KITS; ONE TO A PARKIN B HAS A STAFF ENTRAN TO THE REAR OF THE I	EXITS; ONE TO DING HAS A GR IG LOT, THE OT ICE ON ELM ST	A REAR COURTY. COUND ENTRANCE HER TO THE SIDE	ARD, THE OTHER TO E ON ELM ST. AND OF THE BUILDING.
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for t	the same premises no	w licensed;
2. the	licensee has complied with	all laws of the Co	mmonwealth relating	g to taxes; and
3. the	premises are now open for	business (If not ex	xplain below)	
SIGNED BY				
	Individual, Partner	or Authorized Co	rporate Officer	
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: NOT)	Individual Social Security Number)
Acts of 2004,	signed by the building in	spector and the h	ead of the fire depar	ired by Chapter 304 of the rtment for the above y Chapter 116 of the Acts
Please Check Belo	DW:		LOCALLICEN	NSING AUTHORITY
APPROVED:			By:	, and the the thirth
DISAPPROVE			Ž	
(If disapproved	l explain)			
DATE.			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 039400053		CITY OR TOWN	FITCHBURG
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		NTERPRISES, INC. PIZZA AND EATERY		
ADDRESS 584 MA	JN STREET			
CITY/TOWN: FITO	CHBURG	STATE: MA	ZIP CODE:	01420
MANAGER: Ferra	ra, Lauren	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF				
IN A STORE ON ST IN BASEMENT	REET LEVEL,	1247 SF. 2 FRONT ENT	RANCES, ONE RE	AR EXIT, STORAGE
I hereby certify and s	swear under pena	lties of perjury that:		
1. the renew	ed license will be	e of the same type for the	same premises now	licensed;
2. the license	ee has complied	with all laws of the Comm	nonwealth relating to	o taxes; and
3. the premi	ses are now open	for business (If not expla	nin below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TEI EDU	IONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEFT	IONE NUMBER.		lividual Social Security Number)
Acts of 2004, signed	d by the building	g inspector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expla	ain)			
DATE:				
D.1111.				



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	CITY OR TOWN FITCHBURG	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
LOUNGE		
STATE: MA	ZIP CODE: 01420	
PE OF LICENSE: Re	estaurant CATEGORY: All Alco	ohol
EBSITE AND ENTER YOUR E	EMAIL ADDRESS	
OR. STORAGE RO	OM ON ST. FLOOR ADDING A	
of perjury that:		
the same type for the	e same premises now licensed;	
	· ·	
business (If not expl	lain below)	
A	000 o	
or Authorized Corp	orate Officer	
	EMPLOYED IDENTIFICATION NUM	DED.
E NUMBER:		
	navidan sooni sooni sooni s	
spector and the hea	d of the fire department for the above	
	LOCAL LICENSING AUTHORITY	
	By:	
		_
		_
		_
	CLASS STATE: MA PE OF LICENSE: Re EBSITE AND ENTER YOUR F SES: OOR. STORAGE RO S of perjury that: the same type for the a all laws of the Com business (If not exp TO Authorized Corp TE NUMBER: E in possession (1) the spector and the hea	Annual LICENSED FOR 2013 CLASS YEAR SLOUNGE STATE: MA ZIP CODE: 01420 PE OF LICENSE: Restaurant CATEGORY: All Alco PERSITE AND ENTER YOUR EMAIL ADDRESS SES: OOR. STORAGE ROOM ON ST. FLOOR ADDING A sof perjury that: the same type for the same premises now licensed; a all laws of the Commonwealth relating to taxes; and business (If not explain below) or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMI (Note: NOT Individual Social Security Num e in possession (1) the certificate required by Chapter 304 of spector and the head of the fire department for the above injury insurance required by Chapter 116 of the A LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 039400057		CITY OR TOWN	FITCHBUI	RG
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: K.R.B. CORP. I S A LOG CABIN ESTMINSTER ST.				
CITY/TOWN: FI		STATE: MA	ZIP CODE:	01420	
					A 11 - A 1 1 1
		ΓΥΡΕ OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS					
DESCRIPTION O	PLEASE ALSO VISIT OU F LICENSED PRE	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
ONE STORY BLE	OG WITH STOCK	MISES. IN CELLAR, TWO EN LDG WITH ENTRY A			
2. the licer	nsee has complied v	of the same type for the vith all laws of the Com for business (If not exp	monwealth relating t		
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICAT	TON NUMBER:
Acts of 2004, sign	ned by the building	are in possession (1) the inspector and the head of liquor liability instant	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp			LOCAL LICENS By:	SING AUTHO	ORITY
	olain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0394	400058	CITY OR TOWN	FITCHBURG
APPLICATION FOR REN	NEWAL: Annu	ual LICEN	SED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: SER DOING BUSINESS A SIN ADDRESS WHALON STI	NGAPORE RESTAURANT		
CITY/TOWN: FITCHBU	TRG STATE:	MA ZIP CODE:	01420
MANAGER: CHUNG, WALLACI	TYPE OF LICEN	SE:Restaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICEN 3 ROOMS ON STREET F. I hereby certify and swear to 1. the renewed licen 2. the licensee has	ALSO VISIT OUR WEBSITE AND ENTER NSED PREMISES: LOOR; ONE FRONT ENTE under penalties of perjury that ense will be of the same type complied with all laws of the e now open for business (If n	RANCE; FOUR EXITS at: for the same premises now e Commonwealth relating to	
SIGNED BY Indi	vidual, Partner or Authorized	l Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed by tl	est that we are in possession he building inspector and the e certificate of liquor liabili	he head of the fire departi	ment for the above
Acts of 2004, signed by the named license and (2) the	he building inspector and t	he head of the fire departi ty insurance required by	ment for the above



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	039400060		CITY OR TOW	N FIICHBU	KU
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
	GOMES, INCORPORAT A GOMES LIQUORS	ED			
ADDRESS 58 ASHB	Y STATE RD				
CITY/TOWN: FITC	HBURG ST	CATE: MA	ZIP CODE:	01420	
MANAGER: GOM	ES, JACOB W. TYPE OF	LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
	IREE ROOMS, ONE FOR ONT ENTRANCES AND			PTION AND O	NE FOR
2. the license	d license will be of the sar e has complied with all lav es are now open for busine	vs of the Comress (If not expl	nonwealth relatir		
	Individual, Partner or Au	inorizea Corpo	orate Officer		
DATE:	TELEPHONE NUM	MBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:	··· <i>,</i>				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039400063		CITY OR TOWN	FITCHBUR	G
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 201	13
	CLASS		Y	/EAR
LICENSEE NAME: WYMANS LIQU	JORS SOUTH, INC.			
DOING BUSINESS A WYMANS				
ADDRESS 519 ELECTRIC AVE				
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: AUSTIN, TYMICHAEL O.	YPE OF LICENSE: Pack	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM.	AIL ADDRESS		
DESCRIPTION OF LICENSED PREM	IISES:			
ONE ROOM ON STREET FLOOR, CHADDITION TO INCLUDE 2100 SQ F			OPOSED	
the licensee has complied wi the premises are now open for	th all laws of the Comm	onwealth relating to		
SIGNED BY Individual, Partn	er or Authorized Corpor	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATION IDENTI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHO	RITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039	9400064		CITY OR TOWN	FITCHBUI	RG
APPLICATION FOR RE	NEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: kev	v's country store, inc				
DOING BUSINESS A k	ev's country store				
ADDRESS 128 FAIRMO	OUNT ST				
CITY/TOWN: FITCHB	URG	STATE: MA	ZIP CODE:	01420	
MANAGER: patel, man	nishkumar r.TYPE (OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	SE ALSO VISIT OUR WEBSIT		MAIL ADDRESS		
DESCRIPTION OF LICE					
TWO ROOMS ON STREAT REAR OF BUILDING		ENTRANCES A	ND EXITS. ONE E	MERGENCY	Y EXIT
3. the premises a SIGNED BY	ns complied with all re now open for bus	iness (If not expl	, 	o taxes; and	
1110	iividuai, i artiici oi i	iumorized Corpo	rate officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 039400065		CITY OR TOWN	FITCHBU	RG
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAMI	E: RADHIYAS, INC.				
DOING BUSINES	SS A J.D.'S VARIETY S	TORE			
ADDRESS 259 FI	RANKLIN ROAD				
CITY/TOWN: FI	TCHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: PA	NCHAL,SONA J. TYPE	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION O	F LICENSED PREMISE	ES:			
STREET FLOOR,	ONE ROOM IN CELLA	AR FOR STORAG	E; ONE ENTRANC	E AND ONE	EXIT
I hereby certify and	d swear under penalties o	of perjury that:			
1. the rene	ewed license will be of th	e same type for the	same premises now	licensed;	
2. the lice	nsee has complied with a	ll laws of the Com	monwealth relating to	taxes; and	
3. the prei	mises are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCALLICENS	INC AUTHO	ADITA/
APPROVED:			LOCAL LICENS	ING AUTHO	JKII I
DISAPPROVED:			By:		
(If disapproved ex	plain)				
•					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039	400066		Cl	ΓY OR TOW	'N FITCHBUI	RG
APPLICATION FOR REI	NEWAL:	Annua	al	LIC	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: E. I	FAILTE, INC.					
DOING BUSINESS A B	ILL BAILEY WA	CHUSETT	PACKAGI	E STORE		
ADDRESS 25 JOHN FIT	CH HIGHWAY					
CITY/TOWN: FITCHBU	JRG	STATE:	MA	ZIP CODE:	01420	
MANAGER: HEBERT,	JOHN S. TYPE	OF LICENS	SE:Packag	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASI	E ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICE						
ON STREET LEVEL, TV				STORAGE I	N BACK ROO	M
I hereby certify and swear	_					
1. the renewed lic				_		
2. the licensee has	•				g to taxes; and	
3. the premises ar	e now open for bu	usiness (If no	t explain b	pelow)		
SIGNED BY	ividual, Partner o	m Authomicad	Commonata	Officer		
IIIG	ividuai, Partiier o	r Aumorizea	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:		EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHOIVE	TVOWIDER.		(Note: NOT	Individual Social S	Security Number)
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:				y:		
DISAPPROVED:				•		
(If disapproved explain)			-			
			_			
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039400	JU67	CITY OR TOWN FITCHBU	KU
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: PEERI DOING BUSINESS A ADDRESS 528 JOHN FITCH			
CITY/TOWN: FITCHBURG		ZIP CODE: 01420	
MANAGER: Hebert, Judith		ackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
IN ONE ROOM ON FIRST I ROOM FOR STORAGE AN		NCE/ EXITS TWO SIDE EXITS,	BACK
2. the licensee has co 3. the premises are no SIGNED BY	**	·	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	39400068		(CITY OR TOWN	FITCHBUI	RG
APPLICATION FOR R	ENEWAL:	An	nual	LICEN	SED FOR 20)13
		CL	ASS			YEAR
LICENSEE NAME: T	.J. THOMAS,	INC.ET, INC.				
DOING BUSINESS A	WE'VE GOT I	T MARKET				
ADDRESS 145 MECHA	ANIC ST					
CITY/TOWN: FITCH	BURG	STATE	E: MA	ZIP CODE:	01420	
MANAGER: THOMS	S, TOFFY T	YPE OF LICE	ENSE:Pack	age Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUI	R WEBSITE AND EN	TER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LIC						
IN A STORE ON STRE BASEMENT	EET LEVEL, O	NE FRONT E	ENTRANCI	E, ONE REAR EX	IT, STORAC	GE IN
3. the premises SIGNED BY	_	For business (If	f not explain		o taxes; and	
DATE:	TELEPHO	ONE NUMBE	R:	EMPLOYER (Note: <u>NOT</u> Inc		ION NUMBER: ecurity Number)
Please Check Below:				LOCAL LICENS	SING AUTHO	ORITY
APPROVED:				By:		
DISAPPROVED: (If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 039400070		CITY OR TOWN	FITCHBUI	RG
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	SHREE SHAKTI E	ENTERPRISE INC.			
DOING BUSINESS	A CASTLEWAY M	ARKET			
ADDRESS 432-42 1	MECHANIC STREET	Γ			
CITY/TOWN: FIT	CHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: PAT	EL, TYP VINKUMAR R.	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
	REET LEVEL. LOCA EXIT. STORAGE IN		ERCIAL PLAZA, O	NE ROOM,	ONE
	see has complied with ises are now open for Individual, Partner		in below)		
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 0394000/1		CITY OR TO	WN FIICHBU	KU
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES		JORS			
ADDRESS 134 RI	VER ST				
CITY/TOWN: FI	TCHBURG	STATE: MA	ZIP CODI	E: 01420	
MANAGER: Thi	bodeau, Jason J	TYPE OF LICENSE:	'ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PR	EMISES:			
IN A STORE ON S IN BASEMENT	STREET LEVEL	WITH FOUR DOORS	FOR ACCESS A	ND EGRESS, ST	ORAGE
2. the licer	nsee has complied	be of the same type for the distribution of the Coren for business (If not ex	mmonwealth relat		
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICA' OYER IDENTIFICA' Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] [] blain)		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	039400072		CITY OR TO	WN FIICHBU	KU
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	RIVER STR	EET LIQUORS, INC.			
DOING BUSINESS A	A SULLIVAN	VS LIQUORS			
ADDRESS 363 RIVE	ER STREET				
CITY/TOWN: FITC	HBURG	STATE: MA	A ZIP CODE	E: 01420	
MANAGER: VUO	NG, TAM	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		<u> </u>
DESCRIPTION OF L	ICENSED P	REMISES:			
IN A ONE STORY B EXITS	LDG; ONE R	OOM FOR STORAGE	AT SIDE; THREE	EENTRANCES	AND
2. the license	e has complie	be of the same type for t d with all laws of the Co en for business (If not ex	mmonwealth relat		
SIGNED BY	Individual, P	artner or Authorized Con	rporate Officer		
DATE:	TELEF	PHONE NUMBER:		OYER IDENTIFICATION $f T$ Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIC By:	ENSING AUTH	IORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 039400073		CITY OR TOWN FITCHBU	JRG
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	IE: P.J.P. VARII SS A M & M VA	ETY STORE, INC. ARIETY		
ADDRESS 330 V	Vater St			
CITY/TOWN: F	TTCHBURG	STATE: MA	ZIP CODE: 01420	
	EORGES, NTOINE T.	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (OF LICENSED PE	REMISES:		
•	•	its, two bathrooms, one wing 244.08 sq ft of space.	alk in cooler with approx 195.75	sq ft of
2. the lice	ensee has complie	· -	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY	Individual, P	Partner or Authorized Corp	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 039400074		CITY OR TOWN FITCH	3URG
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
	ME: DABOYLE ESSA KAPPY'S	CO.,INC.		
ADDRESS WH	ALON ST.			
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE: 01420	
	SHEINHAIT, STUART	TYPE OF LICENSE: Pa	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PI ON STREET FLO		AND REAR STORAGE ROO!	M ON SIDE
			FFICE ON SECOND FLOOR	
I hereby certify	and swear under per	nalties of perjury that:		
1. the re	enewed license will	be of the same type for th	e same premises now licensed;	
2. the li	censee has complie	d with all laws of the Com	nmonwealth relating to taxes; an	nd
3. the p	remises are now op	en for business (If not exp	lain below)	
SIGNED BY	Individual, P	artner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soc	
Please Check Below APPROVED:	<u>v:</u>		LOCAL LICENSING AU	ГНОКІТҮ
DISAPPROVE	D:		Ву:	
(If disapproved				
D. 4 777				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	039400075		CITY OR TOWN	FITCHBUR	RG
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS		,	YEAR
LICENSEE NAME:	DOEUN UY				
DOING BUSINESS A	A FITCHBURG V	VARIETY			
ADDRESS 938 WAT	ER ST				
CITY/TOWN: FITC	HBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: UY, D	OOEUN T	YPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF L					
		O STORAGE ROOMS E ON FIRST FLOOR;			ONT
2. the license	e has complied wi	of the same type for the ith all laws of the Comor business (If not explanation)	monwealth relating to		
	Individual, Partn	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social Se	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 039400080		CITY OR TOWN	FITCHBUI	RG
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: SCOTT M. CO	OTE			
DOING BUSI	NESS A COTE'S VA	RIETY			
ADDRESS 169	9 HIGH STREET				
CITY/TOWN:	FITCHBURG	STATE: N	MA ZIP CODE:	01420	
MANAGER:	COTE, SCOTT M.	TYPE OF LICENSE	E:Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PRI	EMISES:			
IN TWO ROO	MS ON STREET FLO	OOR, ONE ENTRAN	ICE, TWO EXITS, STO	RAGE IN RI	EAR
I hereby certify	and swear under pena	alties of perjury that:			
1. the	renewed license will b	e of the same type fo	r the same premises now	licensed;	
2. the	licensee has complied	with all laws of the C	Commonwealth relating to	taxes; and	
3. the	premises are now open	n for business (If not	explain below)		
SIGNED BY					
	Individual, Pa	rtner or Authorized C	Corporate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER	IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	11 (0 / 10 / 11)	
DISAPPROVE	ED:		- J.		
(If disapproved	l explain)				
			-		
DATE:					<u></u>
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0394000	81	CITY OR TOWN FITCHBU	KU
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CBG,ING	C.		
DOING BUSINESS A BEEM	ER'S PUB		
ADDRESS 114 RIVER ST			
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER: COTE,PETER	TYPE OF LICENSE:R	destaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
		D THREE EXITS AND TO SERV F BUILDING AND A 17' X23' AF	
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now licensed;	
2. the licensee has com	uplied with all laws of the Con	mmonwealth relating to taxes; and	
3. the premises are now	w open for business (If not exp	plain below)	
SIGNED BY		0.00	
Individu	al, Partner or Authorized Cor	porate Officer	
D A TEL			
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by the bo	uilding inspector and the he	the certificate required by Chapt ad of the fire department for the surance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE.			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039	400085	CI.	I Y OK TOWI	V FIICHBUI	KU
APPLICATION FOR REM	NEWAL:	Annual	LICE	NSED FOR 20	013
	C	CLASS			YEAR
LICENSEE NAME: SUI DOING BUSINESS A SU ADDRESS 783 WATER :	JPER LIQUORS				
CITY/TOWN: FITCHBU	JRG STAT	ΓE: MA	ZIP CODE:	01420	
MANAGER: LONG, SF	EY TYPE OF LIC	CENSE: Package	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	ALSO VISIT OUR WEBSITE AND F	ENTER YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE IN A STORE, STREET L		E AND EXIT			
2. the licensee has	ense will be of the same to complied with all laws of the now open for business (type for the sam	wealth relating		
	ividual, Partner or Author	rized Corporate	Officer		
DATE:	TELEPHONE NUMB	ER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			OCAL LICEN y:	NSING AUTHO	ORITY
DATE:		-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 039400086		CITY OR TOWN	FITCHBUF	RG
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS			YEAR
LICENSEE NAM	ME: CENTER ICE BAR A	AND GRILLE			
DOING BUSINI	ESS A				
ADDRESS 68 A	IRPORT ROAD				
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: 7	TAYLOR, MINDY TYPE	OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISES	S:			
ROAD AS VOG	CONVENIENCE PLAZA, (FUE PLAZA;SEE ATTACH APPROX. 450 SQ. FT.				
I hereby certify a	and swear under penalties of	perjury that:			
	enewed license will be of the	• •	-		
	censee has complied with all		•	to taxes; and	
3. the pr	remises are now open for bu	siness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corr	orate Officer		
	individual, i driller of	Tramorized Corp			
DATE:	TELEPHONE I	MIMDED.	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TELEFHONE	NUMBER.		dividual Social S	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below	<u>:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: [By:		
DISAPPROVED					
(If disapproved e	explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	39400087		CITY OR TO	WN FIICHBUI	KU
APPLICATION FOR R	ENEWAL:	Annual	Ll	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: M DOING BUSINESS A ADDRESS 128 WATER	TOPPS LIQUOR				
CITY/TOWN: FITCH	BURG	STATE: MA	ZIP COD	E: 01420	
MANAGER: Patel, Ka	alpesh TYPE	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS: PLE	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	MAIL ADDRESS		
UNIT 2 OF THE CENT RETAIL STORE, 37.5 I IN FRONT TO PARKIN AND EMERGENCY EX	RAL PLAZA, 128 BY 132.7 FEET, A NG LOT AND REA XIT; WALK IN CO	WATER STREET PPROXIMATELY AR ENTRANCE T OOLER AND EMP	7 4968 SQ FEE O LOADING I	T, PUBLIC ENTE OOCK FOR DELI	RANCE VERIES
2. the licensee h	ar under penalties of license will be of the nas complied with a are now open for b	e same type for the	monwealth rela		
SIGNED BY	ndividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 039400089		CITY OR TOWN FITCHB	URG
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: MATTHEW A	ND MADISON LLC		
DOING BUSI	NESS A ONE THONG	CHAI BISTRO		
ADDRESS 12	7 JOHN FITCH HIGH	WAY		
CITY/TOWN:	FITCHBURG	STATE: MA	ZIP CODE: 01420	
MANAGER:	TOMAMICHEL, APPLE NATHIKA	ΓΥΡΕ OF LICENSE: R	estaurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
	ES CONSISTS OF A O ENTRANCES/EXITS		FTY SEATS RESTAURANT TRANCE/EXIT	HAVE
I hereby certify	and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for th	e same premises now licensed;	
2. the	licensee has complied v	vith all laws of the Com	nmonwealth relating to taxes; and	1
3. the	premises are now open	for business (If not exp	lain below)	
SIGNED BY				
	Individual, Part	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	l Security Number)
Acts of 2004,	signed by the building	inspector and the hea	he certificate required by Chap ad of the fire department for th urance required by Chapter 1	ne above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i expiain)			
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 039400090		CITY OR TOWN	FITCHBURG
APPLICATION FOR RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR
LICENSEE NAME: MILL NO. 3, INC DOING BUSINESS A MILL NO. 3 ADDRESS 85 WESTMINSTER ST	C		
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE:	01420
MANAGER: MULLOY, DANIEL T	YPE OF LICENSE: Pack	cage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM 40X100 WITH 2 3' DOOR IN THE RC ON LEFT SIDE. 19' GARAGE DOOR	ONT MIDDLE, 2 3' DOC	ORS ON THE RIGH	HT SIDE, 1 3' DOOR
the renewed license will be a the licensee has complied wi the premises are now open for SIGNED BY Individual, Partners	th all laws of the Comm	onwealth relating to in below)	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	039400091		CITY OR TOWN	1 FITCHBU	RG
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 942 SOU	TH STREET				
CITY/TOWN: FITC	HBURG	STATE: MA	ZIP CODE:	01420	
MANAGER: PATE	L SAURABH TYP	E OF LICENSE:Pa	ckage Store (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
STREET LEVEL BU EXIT ON BACKSID: FT. RETAIL 500 SQ. RESTROOMS, 65 Se	E OF THE STORE. I FT. STORAGE AN	BUILDING SIZE 3 D OFFICE 155 DQ	0 X 40 SQ FT WIT FT. WALK-IN C	TH TOTAL 12	00 SQ.
2. the license	d license will be of the has complied with the are now open for the	all laws of the Com	monwealth relating		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 03	39400093		CITY OR	TOWN	FITCHBUI	RG
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: A	SJ 28 INC.					
DOING BUSINESS A	HONG KONG CA	AFÉ & BAR				
ADDRESS 310 MAIN S	STREET					
CITY/TOWN: FITCHE	3URG	STATE: N	IA ZIP C	CODE:	01420	
MANAGER: NG, JOH	IN S. TYP	E OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER YO	UR EMAIL ADDRESS	3		_
DESCRIPTION OF LIC						
2 STORY BUILDING BATHROOMS	.2 ENTRANCES.	3 EXITS ABC	OUT 4500 SF	.4 HAND	OICAP ACCE	ESSIBLE
I hereby certify and swea	ar under penalties	of perjury that:				
1. the renewed l	icense will be of the	he same type for	the same pren	nises now	licensed;	
2. the licensee h	as complied with	all laws of the C	ommonwealth	relating to	taxes; and	
3. the premises	are now open for b	ousiness (If not e	explain below)			
SIGNED BY						
Ir	ndividual, Partner	or Authorized Co	orporate Office	er		
DATE:				MDI OVED	IDENTIFICATI	NON MUMBER
DATE.	TELEPHONE	3 NUMBER:				CION NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed by						
named license and (2) of 2010.						
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						
APPLICATION FOR RENEWAL	MUST BE FILED BY LIG	CENSEES DURING TI	HE MONTH OF NO	VEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUM	IBER: 039400095		CITY OR TOWN	FITCHBURG
APPLICATION	FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
DOING BUSIN	ME: GOLD BOWL, INC ESS A ASHBY STATE ROAD			
CITY/TOWN:		STATE: MA	ZIP CODE:	01420
MANAGER: I		E OF LICENSE: Rest		TEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREMIS	ES:		
CONSISS OF A	PRIMISES CONTAINING DINING AREA AND KI E REAR OF THE BLDG.	TC;HEN WITH ENT	•	
I hereby certify a	and swear under penalties	of perjury that:		
1. the re	enewed license will be of the	he same type for the s	same premises now 1	icensed;
2. the li	censee has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the pr	remises are now open for b	ousiness (If not explain	in below)	
SIGNED BY	Individual Partner	or Authorized Corpor	rata Officar	
	marviduai, r artilei	or Authorized Corpor	ale Officer	
DATE:			EMPLOVED	IDENTIFICATION NUMBER:
DITTE.	TELEPHONE	E NUMBER:		vidual Social Security Number)
				•
	igned, attest that we are i igned by the building ins			
	and (2) the certificate of 1			
of 2010.				-
Please Check Below	<u>v:</u>		LOCAL LICENSI	NG AUTHORITY
APPROVED: [By:	
DISAPPROVEI				
(If disapproved of	explain)			
DATE:				
APPLICATION FOR R	RENEWAL MUST BE FILED BY LIC	CENSEES DURING THE MC	ONTH OF NOVEMBER (M.C	G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 039400096	(CITY OR TOWN	FITCHBUR	RG
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CHAIBO, LLC DOING BUSINESS A				
ADDRESS 13 CUSHING STREET				
CITY/TOWN: FITCHBURG	STATE: MA	ZIP CODE:	01420	
	~			XX7' 1
MANAGER: REYNOLDS, T'ELIZBETH	YPE OF LICENSE: Rest	aurant CA	ATEGORY:	Malt Cordials
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
SEVEN DAYS PER WEEK AT 11AM AND OUR SECONDARY ENT/EXIT THREE YEARS A NEW SPRINKLER WITHIN CHAIBO AND THE EXISTI ONE ROOM AND STORAGE IN THE I hereby certify and swear under penalti	IS LOCATED AT BOU SYSTEM WAS INSTA NG COMMERCIAL SP E KITCHEN	LDER DR. WITH LLED TO COVE	IN THE PAS' R ALL SPAC	T E
 the renewed license will be of the licensee has complied with the premises are now open for 	ith all laws of the Comme	onwealth relating to		
SIGNED BY Individual, Partn	ner or Authorized Corpor	ate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT	
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head	of the fire departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMB	ER: 039400097		CITY OR TOWN	FITCHBUI	RG		
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013		
		CLASS			YEAR		
LICENSEE NAM	E: PENDE-ALPHA IN	C.					
DOING BUSINES	SS A ZEDAS						
ADDRESS 65 LA	UREL STREET						
CITY/TOWN: FI	TCHBURG	STATE: MA	ZIP CODE:	01420			
MANAGER: W	ERNICK, ALAN TYPE	E OF LICENSE: Res	taurant C.	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRES	S:						
	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	IAIL ADDRESS		_		
DESCRIPTION O	F LICENSED PREMISE	ES:					
	THE FIRST FLOOR OF						
	M THE PARKING LOT, X. 70 FEET FROM EDG						
STREET APPROX. 70 FEET FROM EDGE OF PARKING LOT, #3 IS A LOADING DOCK DOOR ON THE REAR SIDE OF BUILDINGTHE INTERIOR WILL BE MADE UP OF 2 HANDICAP							
	THROOMS BORDERI				*		
	TO THE FAR REAR, A E AREA ADJACENT T						
DOOR		0 1112 1121 1111 0		0.121,020			
I hereby certify and	d swear under penalties of	of perjury that:					
1. the rene	ewed license will be of the	ne same type for the	same premises now	licensed;			
2. the lice	nsee has complied with a	all laws of the Comn	nonwealth relating t	o taxes; and			
3. the pres	mises are now open for b	ousiness (If not expla	in below)				
SIGNED BY	Individual Doutnon o	on Authorized Come	mata Offician				
	Individual, Partner of	or Authorized Corpo	rate Officer				
DATE:			EN ON CAVE		TOWN DED		
DATE.	TELEPHONE	NUMBER:			ION NUMBER: ecurity Number)		
			(11010. <u>1101</u> Inc	ii viduai Sociai S	ceurty (valuet)		
	ned, attest that we are i						
, 0	ned by the building insp id (2) the certificate of l		•				
of 2010.	u (2) the certificate of 1	iquoi nabinty nisu	rance required by	Chapter 110	of the Acis		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY		
APPROVED:			By:	,ii (O AU III)	OMI I		
DISAPPROVED:			<i>- J</i> ·				
(If disapproved ex	plain)						

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

	OFF-PRE	MISESLICENSE	RENEW	AL APPL	<u>ICATIO</u>	<u>N</u>		
LICENSE NUMBER: 039400098			CI	CITY OR TOWN FITCHBURG				
APPLICATION FOR	RENEWAL:	Annu	Annual LICENSED FOR 2013					
		CLAS	SS				YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 75 MAIN	A HESS MART	0110 11 (0)	T					
CITY/TOWN: FITC	CHBURG	STATE:	MA	ZIP COD	E: C	01420		
MANAGER: BORI MAT		ΓΥΡΕ OF LICEN	SE:Packag	ge Store	CATI	EGORY:	Wine and Malt Regular	
EMAIL ADDRESS:								
2. the license	SQ FT wear under penal ed license will be ee has complied v es are now open		for the sar e Common ot explain	wealth related				
DATE:	TELEPH	ONE NUMBER:					ION NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)			LOCAL LIC	CENSIN(G AUTHO	ORITY	
DATE:								